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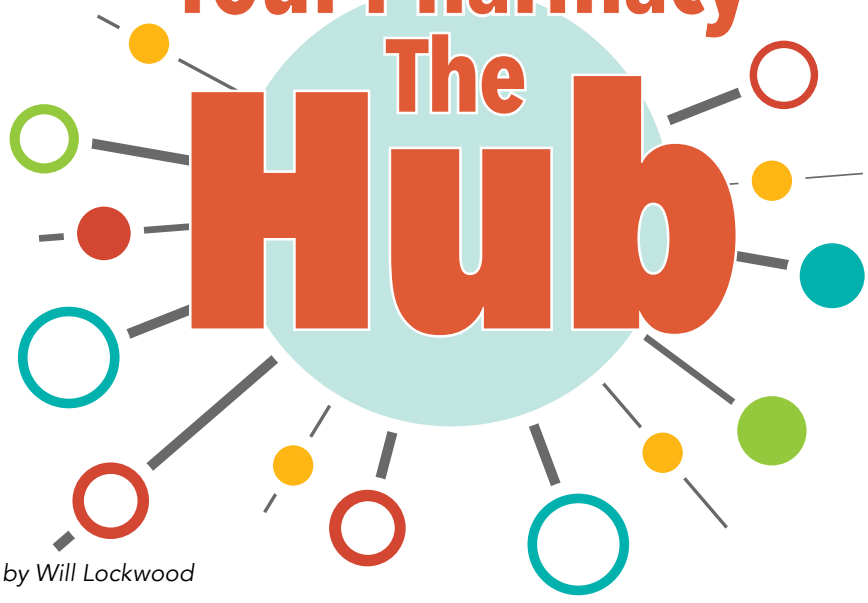

by Will Lockwood

The communication and collaboration tools available today give pharmacy owners the ability to connect not just with staff, but with providers and patients as well. Here we'll take a look at the core communications tools at three pharmacies, and find out how they are deploying them. **story begins on page 11**

Plus... **Now Hear This: Adopting Cutting-edge Pharmacy Messaging** **pg. 17**

In a preview of a ComputerTalk podcast interview, RedSail Technologies Director of Platform Components Louie Foster talks about the state of adoption of the latest pharmacy messaging types.

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Mining Gold

I READ AN INTERESTING ARTICLE IN A *Wall Street Journal* supplement (Dec. 9, 2021) on "The Future of Everything/Data." What caught my eye was an article by Ron Winslow on "Mining the Gold in Patient Records." He mentioned a company in California, Atropos Health, that introduced a product to commercialize technology being developed at Stanford to convert data in electronic health record (EHR) databases to information for patient care. The company developed a tool called Prognostogram that it claims can answer most physician inquiries about patient treatments within 24 hours. It offers real-time retrieval of a descriptive summary of how hundreds or thousands of similar patients were treated for a diagnosis. At Stanford the thinking is this could become a routine part of a patient visit within a decade. However, when you start combining data from various EHR systems you run into a problem due to lack of standards on the way patient information is entered. This is what caused IBM to abandon Watson's venture into treatment advice for cancer patients. Combining patient data from electronic health records turned out to be a lot more difficult than imagined. This happens to be a major barrier to interoperability.

My point in bringing up the article is how valuable the data is that resides in a given system, whether it be in an electronic health record system used by physicians, or in a pharmacy management system. Epic Systems, a leading provider of electronic health record systems, searched its database to find that routine breast, colon, and cervical cancer screening dropped by more than 85% during the first weeks of the COVID-19 pandemic. The report the company issued helped motivate people to make up for missed screenings. Researchers are using the patient records in Epic's Cosmos database to generate reports on population-level healthcare trends. Essentially what we have here is mining data to allow physicians to provide better outcomes.

I can make an analogy to the same trend in pharmacy. One example is identifying patients for a med sync program. This is data mining. Another is a company that provides a way to prevent adverse drug events for people on multiple medications. There are examples on the business side as well, with the use of pharmacy data to better manage prescription drug inventory and prescription pricing. Data mining with point-of-sale data enables better decisions over the front-end product mix.

I could offer up more examples, but I think you get the point. The data resident in pharmacy systems can lead to not only better patient care and but also to a more profitable pharmacy. **CT**

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TRANSACTION DATA SYSTEMS is promoting its in-workflow clinical platform, with this functionality fully integrated into its pharmacy management system. The company claims that this is the only pharmacy management system with a clinical platform fully integrated. This functionality can provide additional revenue from such services as medication therapy management and medication synchronization. More information is available by going to tdsclinical.com/360-info.

For pharmacies thinking about serving long-term care facilities, **PARATA**'s SynMed XF Blister Packager is an option that provides single- and multidose blister packaging. This automated adherence packaging works with existing pharmacy management systems. The XF Blister Packager can generate 30 cards per hour and reduce technician verification time by 50%. Barcodes and biometric scanning secure production chain of custody and track responsibility. According to the company, the SynMed system offers 99.9% accuracy.

SynMed XF is compatible with a growing list of blister packs, with 35 currently in use. Custom printing allows for the pharmacy logo as well as a patient's photo and pictograms to indicate the time of medication administration.

INTEGRA has announced the launch of Integra X Files. This is a knowledge series designed to recognize the needs of long-term care and bring voice to solutions. Integra plans to partner with industry experts to bring relevant content in four key content pillars: growth, pharmacy operations, policy, and technology.

The Integra X Files will use two key platforms to share information — a biweekly blog that will be written by long-time industry consultant Paul Baldwin, founder of Baldwin Health Policy Group, and a monthly podcast to be hosted by Frances Nahas, chief strategy officer for RedSail Technologies, and Jim McDonald, VP of sales for Integra. Todd Eury, founder of the Pharmacy Podcast Network, will amplify the sessions.

"As long-term care continues to evolve, it's important that we step up as a company to help lead the way by providing insights and actionable takeaways that readers and listeners can use to create better pharmacies for their staff, their patients, and the facilities they support," says Bob Bates, executive VP for RedSail Technologies and general manager of Integra. More information is available at integraxfiles.com.

SCRIPTPRO has announced the integration of interactive voice response (IVR) in its pharmacy management system. The features include advanced text-to-speech capabilities, real-time prescription notifications and pickup time frames, refill requests, customized voice prompts, secure voicemail mailboxes, and usage reports.

A wide range of telephone environments is supported, including VoIP (voice over internet protocol) and analog phone systems. The IVR application can be hosted either on-site or cloud based. With its web-based dashboard, no individual licenses are needed and no software needs to be installed.

MICRO MERCHANT SYSTEMS is promoting the more than 80 interfaces it supports to third-party solutions for its PrimeRx pharmacy management system. Among these interfaces are electronic reporting of immunization records to immunization information systems, access to VUCA Health's medication video library, access to prescription drug monitoring programs through Appriss Health, and access to medication benefit information through Surescripts. A complete list can be seen by going to micromerchantsystems.com. **CT**

AMERICAN SOCIETY FOR AUTOMATION IN PHARMACY is holding its 2022 annual conference March 15–17 at the Ritz-Carlton, Amelia Island, Fla. The program features current industry topics:

- The State of the State PDMPs
- The Future of Vaccination Programs: Building on the COVID-19 Vaccine Rollout
- Health IT and Enhanced Pharmacy Services: The Latest Trends
- Digital Pharmacy: Promises and Limitations
- DSCSA Compliance: Protecting Your Business and Your Dispenser Clients
- U.S. Pharmaceutical Market: Trends, Issues, and Outlook
- Interchangeable and Unbranded Biologics: Cutting Through the Confusion
- Creating a Services-Based IT Development and Implementation Roadmap for Community Pharmacy

There will be plenty of time for networking. Conference registration, full program, and payment information available by visiting www.asapnet.org/registration.

Care Collaboration

Pharmacy Technicians Partner for the Patient's Outcome

by Christine Cline-Dahlman, B.F.A., C.Ph.T

IN FEBRUARY 2017, *INNOVATIONS,* the official publication of the National Association of Boards of Pharmacy (NABP), stated in the article, "Evolving Pharmacy Technician Roles," that "50% of pharmacy technicians would be engaged in clinical tasks for patient care within 5 years." This year is the fifth year from the projection in the article. This year is the second year in a pandemic, for which we have seen professional roles expand through the Public Readiness and Emergency Preparedness Act as it addressed the healthcare needs of COVID-19. How can technicians help pharmacies get to a future destination?

While every state will determine the practice that technicians could continue postpandemic, let's take a quick look at the professional sources that support technicians, particularly with the use of technology.

A conversation with a patient can be lighthearted and social, but if the technician knows and uses motivational interviewing, the technician can "hear" patient information that is pertinent to adherence. The points of this "chitchat with purpose" can then be recorded in the pharmacy software.

CLINICAL ROLE FOR A TECHNICIAN?

There are two professional sources I will reference to support the information that encourages pharmacists to trust technicians, then assign patient care responsibilities to them. These same sources provide technicians the understanding, and potentially the pathway, to know they can be a more active partner in patient care.

The first source is the Joint Commission of Pharmacy Practitioners (JCPP).

The original version of the Pharmacists' Patient Care Process (PPCP) was released by the JCPP in May 2014. That version only outlined the role of the pharmacist within five designated steps. An updated version was released in 2021 and describes specific task assignments for technicians. These tasks have a direct relationship to clinical services. Given this new description, pharmacists can now know where to assign technicians the responsibility for clinical tasks. One of the successes that came from the 2014 release of the PPCP is the movement in the attitude of pharmacists to be clinically oriented with patients. I believe that the new version will help technicians grow in their clinical attitude as well.

The second source is the Accreditation Council for Pharmacy Education (ACPE). ACPE is the premiere source for all pharmacy education. The agency gives equal educational support for the pharmacist and the technician. ACPE is the

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same organization that oversees accredited continuing pharmacy education.

In 2014, ACPE partnered with the American Society of Health-System Pharmacists (ASHP) to establish the Pharmacy Technician Accreditation Commission (PTAC). ASHP has been the leader in setting standards for technician education. This body oversees accreditation of education programs from a certificate to a diploma to an associate degree. The programs primarily offer entry-level skill training. Together, this partnership articulated technician competencies from entry-level performance to advanced skills. ACPE-accredited continuing pharmacy education helps move technicians into advanced skills.

ACPE articulates competencies for both pharmacists and technicians. Those competencies specifically list "use of technology." There are a total of 10 areas for technician competency. Each competency has specific tasks, and they are identified by entry-level or advanced skill. Of the 10 areas, seven have an active description for use of technology.

Why is knowing these competencies important for a reader of a pharmacy technology publication?

Because the big picture for pharmacy practice is collaboration.

Collaboration isn't just for prescribers and the pharmacist. The pharmacy team needs to collaborate in the best interest of the patient. How many times have you, the pharmacist, thought, I will need to cover that task because it requires conversation with the patient? Technicians can have conversations with patients to collect information, but never to offer therapeutic counsel or discuss a professional assessment of a disease state.

We often hear the term "idle chitchat." I like to guide technicians to use "chitchat with purpose." A conversation with a patient can be lighthearted and social, but if the technician knows and uses motivational interviewing, the technician can "hear" patient information that is pertinent to adherence. The points of this "chitchat with purpose" can then be recorded in the pharmacy software. Future messages can then be scheduled, such as a reminder for adherence. When technicians have the clinical attitude, they will know which message is pertinent for follow-up.

Technology contributes to patient safety. It provides an efficient workflow. It assures accuracy for medication dispensing alongside clinical services, and it facilitates submission of claims for revenue — all areas in which technicians participate. **CT**

Christine Cline-Dahlman, C.Ph.T., is a pharmacy technician who has served in advanced roles within independent, chain, and health-system pharmacies. She can be reached at CClineDahlman@gmail.com.

Professional Resources:

The Board of Pharmacy Technician Specialties, an independent initiative of the National Pharmacy Technician Association (NPTA), is launching three advanced certifications for pharmacy technicians, including the C.Ph.T.-Adv, and 10 specialty certificates. **https://bpts.org/**

Joint Commission of Pharmacy Practitioners (JCPP) **www.jcpp.net/about/**

"Evolving Pharmacy Technician Roles," **www.nabp.pharmacy/wp-content/uploads/2016/07/Innovations_April_2017_Final.pdf**

Pharmacists' Patient Care Process (PPCP) **www.jcpp.net/patient-care-process/**

Accreditation Council for Pharmacy Education (ACPE) **www.acpe-accredit.org/**

Pharmacy Technician Accreditation Commission (PTAC) **www.ashp.org/professional-development/technician-program-accreditation/ashp-acpe-pharmacy-technician-accreditation-commission?loginreturnUrl=SSOCheckOnly**

Access these links and download a resource sheet at wp.me/p9LtTd-4s8

Pharmacy Software at the Center of Success

by Will Lockwood

PHARMACY MANAGEMENT SOFTWARE has been evolving rapidly in recent years, with systems offering an ever-expanding list of features. Still, many pharmacies find themselves running their business from multiple pieces of software and logging into various portals each day to get all the functionality they need. This clearly is not the most efficient strategy for running a modern pharmacy.

Samson Mekonnen, business operations manager at Vibrant Care Pharmacy, a closed-door long-term care pharmacy in Oakland, Calif., recognizes this inefficiency. As a result, he has made it his mission to ensure that his pharmacy runs as many processes as possible from its central dispensing system.

Vibrant Care Pharmacy services assisted living facilities, residential care facilities for the elderly, adult residential facilities, group homes, and specialty behavioral health centers.

"We handle the entire process of filling prescriptions and managing residents' prescription profiles for these facilities," says Mekonnen. "And we provide multidose adherence packaging for the majority of our clients as well."

The pharmacy has relied on IPS Elite pharmacy management software from Meditab for the last 12 years to run smooth, efficient workflows. According to Mekonnen, it brings together all of the tools the Vibrant Care Pharmacy staff needs in one tightly integrated platform.

"If you are trying to use a manual process to manage all the prescriptions that end up flagged with issues in the billing queue every day, that's costing you a tremendous amount of time."

– Samson Mekonnen
Business Operations Manager Vibrant Care Pharmacy

"IPS Elite software is the all-in-one solution we need," says Mekonnen. "We use it to manage every aspect of the intake, dispensing, and communication with facilities."

INTEGRATED COMMUNICATIONS

It starts, according to Mekonnen, with two options at intake: a web portal and an app. These provide channels for data to flow for a wide range of communications, including new and refill prescriptions, notes, and secure messaging with facilities and patients. IPS Elite then sorts the flow of information, such as new stat or regular orders, changes and refills, or messaging, and passes it to the appropriate queues for pharmacy staff. The portal is particularly critical, notes Mekonnen, for smoothing the process of mid-dispensing cycle updates and submitting emergency orders.

As Vibrant Care Pharmacy staff work the various queues, facilities have the opportunity to use the portal to access the most current details and take actions based on it, such as printing out up-to-date medication administration records on demand. In addition, facilities can view prescription status within the dispensing workflow.

"Facility staff are able to go into the portal and see, for example, that a prescription is in the billing error queue," explains Mekonnen. "Every time facility staff can use the portal to get the information they need, we've eliminated a phone call."

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Facilities can also use the app, available on the usual mobile and tablet platforms, to access similar functionality. Mekonnen notes that the app allows for easy and secure document submission; facility staff just take a photo of an order and upload it via the app to an inbox in IPS Elite. From there, the staff can review it and assign it to the correct queue in the workflow.

"What's nice is that the integration between the portal, the app, and IPS Elite is seamless," says Mekonnen.

The app also makes a similar set of features available directly to patients to manage their care, as well as a secure chat feature for any questions or concerns.

BILLING QUEUE MANAGEMENT AUTOMATED

Another critical element built into IPS Elite is billing automation, according to Mekonnen. Long-term care pharmacies can spend a lot of time managing a particularly complex set of billing requirements. For example, it's challenging to manage billing given the constant flow of changes to prescriptions in mid-cycle fill.

"What IPS Elite does is maintain a virtual inventory of the medications that have been billed and filled in a patient's bubble packs," says Mekonnen.

Suppose there's a prescription issue to resolve, whether it's a new cycle-fill or stat order, a refill, or an order change. IPS Elite automatically creates and sends out messaging to resolve the issue. For example, a prescriber may have a prescription without dispensable quantities available. The pharmacy software sends out a message via e-prescribing or fax, depending on the prescriber's needs. Then, when the prescriber responds, the pharmacy software processes it automatically to resolve the issue and move the prescription to the next step in the dispensing workflow.

"If you are trying to use a manual process to manage all the prescriptions that end up flagged with issues in the billing queue every day, that's costing you a tremendous amount of time," says Mekonnen. "We're filling over 550 prescriptions a day on cycle fill, and another 50-plus that come in as stat orders. Using the automation within IPS Elite, we rarely have to dedicate staff time to taking action on billing issues. For the vast majority of prescriptions, we don't ever need to worry about it."

DASHBOARDING THE INFORMATION FLOW

With all the information flowing through the IPS Elite platform, Vibrant Care Pharmacy can take full advantage of data dashboarding, Mekonnen reports.

"We have the information we need to track productivity closely," he says. "We use dashboards to see our staffing needs, for example, by identifying the peaks and valleys in our filling volume. We also look for any issues in our billing automation, keep a close eye on drug inventory costs, and track financial indicators by facility."

When these dashboards are populated by data sourced from a tightly integrated technology platform, there's a much greater ease of use and data confidence level.

OPERATING AT THE HIGHEST LEVEL

Mekonnen sees the array of tools built into Vibrant Care Pharmacy's IPS Elite software as a central element of the pharmacy's service level and strong relationship with facilities.

"We typically have great success marketing the value of features in IPS Elite to facilities," he says. "And once we are on board, we are able to provide a level of service that keeps facilities engaged with us. We find the ultra-efficient communication supported by the portal and app and the consistent flow of information-rich data we can support among our staff and our facilities and patients are key to differentiating ourselves with facilities."

The efficiency Vibrant Care Pharmacy receives from all of the functionality built into its pharmacy management software has been an even bigger help during COVID-19, Mekonnen notes.

And he makes it an ongoing goal to ensure that the pharmacy uses software that continues to raise its service level. Mekonnen reports that he evaluates the software options on the market at least every two years, a process that has continually convinced him that Vibrant Care Pharmacy has the pharmacy management system that fits its needs by offering the highest levels of functionality, integration, access to information, and ease of use. "That's what I think really separates IPS Elite and continues to make it our choice," concludes Mekonnen." **CT**

Will Lockwood is VP, senior editor at ComputerTalk. *He can be reached at will@computertalk.com.*

Communicate and Collaborate

Making Your Pharmacy The Hub

by Will Lockwood
VP | Senior Editor

Will can be reached at
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Successful pharmacies run on communication and collaboration. It's crucial to be able to communicate and collaborate efficiently inside and outside the pharmacy. The technology that can make your pharmacy the hub has been evolving rapidly.

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YOU KNOW THAT WHEN YOU MAKE your pharmacy the hub for information flowing among your healthcare partners and your patients, you are doing it right. Here we'll take a look at the core communications tools at three pharmacies, and find out how they are deploying systems to address a range of needs.

PRESCRIBER CONNECTIONS

Priyank Patel, Pharm.D., is the owner of Felicity Pharmacy, a community pharmacy in the Bronx, New York City. Patel has doubled the pharmacy's prescription volume while also expanding clinical services. He has done this in part by building on communication and collaboration tools that automate processes. Patel highlights two crucial messaging automation features built into his PrimeRx pharmacy management software from Micro Merchant Systems. The first is a real-time benefit check done via Surescripts. "This benefit check means that our pharmacy team can view the costs for several different therapeutic alternatives for a patient," Patel says, "and work with a prescriber to ensure that cost is not a barrier for starting a therapy and being adherent."

Priyank Patel, Pharm.D.
Owner,
Felicity Pharmacy

For example, a doctor may prescribe a blood thinner that comes with a $150 copay for a patient, according to Patel. "The majority of the patients we serve are on Medicare and Medicaid," says Patel, "and we know that it's not going to be possible for them to afford a $150 copay." Fortunately there are plenty of other blood thinners out there in this same class, and the Felicity Pharmacy staff can use the real-time benefit check right within the PrimeRx workflow to review the lower-cost alternatives. "Then we just click to submit an electronic change request via Surescripts to the doctor," says Patel, "and we've avoided the stress and inconvenience for the patient that used to come with making a trip to the pharmacy, only to have to wait while we got on the phone with the plan and prescriber to try to lower the cost of the copay." Patel's staff gains a tremendous amount of efficiency with this tool and, even more importantly, they eliminate the risk of the patient going home in frustration without a critical medication.

Joe Moose, Pharm.D., is one of the owners of Moose Pharmacy along with his brother Whit. There are eight locations in North Carolina. The Mount Pleasant pharmacy has been at the same location since it opened in 1882. Moose Pharmacy has been a pioneer in care documentation and collaboration with the Pharmacists eCare Plan, and as part of the CPESN network. While the eCare plan is technically a standard rather than an application, and one that pharmacists may see as a way to be paid for services, Moose has found that it is central to Moose Pharmacy's communications efficiency and both internal and external care collaboration.

For example, Moose has found documentation critical for sharing what he calls clinical pearls with prescribers. "We use Parata automation to provide adherence packaging for our patients, which we call Moose Packs," he explains. "We've been able to take a patient, for example, on eight medications from being 50% adherent to being over 99% adherent. We document our success in the eCare plan, and this is then the reference point when we reach out to prescribers or payers to say 'Hey, you have a patient on three blood pressure medicines, but they were taking all three of them about half the time. We've been working to get them up to nearly 100% adherence. They may not need all three now.' This creates an important connection for us with the prescriber community."

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DOCUMENTING YOUR WORK

The eCare plan is also making a wide range of information easily accessible to the pharmacy team. Moose has a story that provides a good example of just what he means. "This happened very early on in our use of the eCare plan," says Moose. "My office is in the back of the pharmacy, and I heard one of my pharmacists [on the phone] recommending epsom salts soak to a patient for her feet. An hour later, the patient comes in, the pharmacist she spoke to on the phone is on break, and no one else knows what their conversation was about. So employees in the pharmacy start asking each other, did you recommend something for Mrs. Smith on the phone? This is very disruptive to the entire staff. But the pharmacist had actually documented the call in the eCare plan. I thought to pull that up, and there it was: epsom salts. Every time I tell this story, every pharmacist in the room shakes their head because this has happened in their pharmacy too." Once using a collaborative documentation portal like the eCare plan becomes the standard of practice for a pharmacy, as it has at Moose Pharmacy, it's the team's first stop when a question arises.

This has brought substantial operational efficiencies to the prescription-filling side, according to Moose. "While payment for services is definitely where I see the puck headed," he says, "dispensing as efficiently as possible remains crucial, since that's still where pharmacies earn

Joe Moose, Pharm.D.
Owner,
Moose Pharmacy

the bulk of their revenue." For example, Moose reports that documentation increases communications efficiency around opioid dispensing. "It's as simple as having a record of the call or interaction when a patient may have asked to have their opioid prescription filled early," says Moose. "It's not uncommon, unfortunately, for patients to ask different staff about this over several days, and when we've been able to just look in the eCare plan documentation and let that patient know that we've already addressed the fact that we cannot fill this early, that's really cut down on this behavior." Moose also values this record of interactions because it demonstrates the care with which the pharmacy is managing such an issue. "Our dispensing workflow gives us a record of what we do," notes Moose. "So we can look at that and say, yes we've refilled this prescription three times. But it doesn't record the times we may have declined to refill it. The eCare plan does this, and I think it's a good way of communicating to regulators what we are doing to be good stewards, in this case by addressing potential for opioid misuse."

MESSAGING FOR PATIENT AND STAFF

Heather Ferrarese, Pharm.D., is a second-generation independent pharmacist and owner of Bartle's Pharmacy in Oxford, N.Y. She still works alongside her father, Brian Bartle, R.Ph., who opened the pharmacy with her mother in 1963. Ferrarese reports relying on the secure text messaging feature in DrFirst's Backline to communicate efficiently with patients in the pharmacy's large med sync program. As any pharmacy knows, it's not easy to get patients on the phone when you need them. And then when a patient calls back in reply to a generic voicemail from the pharmacy, which necessarily can't include any PHI (protected health information), the staff can't always easily figure out why. So instead of leaving voice messages, Bartle's Pharmacy uses Backline to send out a text

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that's carefully branded so that it is clear that the message is from Bartle's Pharmacy. The patient clicks through to a HIPAA-secure message. "When that patient has a few minutes, or when they get home and they have a chance to look at their medication, they can get back to us," says Ferrarese. "It could be three o'clock in the morning, but we'll have the reply queued up in our system in the morning and can move forward with the med sync." Ferrarese has found that this text-driven process is popular with both the pharmacy staff and patients, even older patients. "Everyone texts these days," she says. And if the patient decides to call in to the pharmacy in reply to the text message, the staff have an easily accessible record of the communications out to them, making it simple to understand the reason for the call.

While Ferrarese highlights this use of Backline to streamline the med sync communications flow, she notes that it also offers a number of other useful communication and collaboration tools. "Staff can use Backline from a mobile device or desktop computer to communicate securely with each other, both one-to-one and as a group," Ferrarese says. "We can also initiate a variety of interactions with prescribers that can include documents we upload, such as details for a prior authorization or a response we've received from a payer.

Heather Ferrarese, Pharm.D., and Brian Bartle, R.Ph.

Owners, Bartle's Pharmacy

Backline is just a really valuable tool for us." This is, notes Ferrarese, just the kind of efficiency-oriented tool that Bartle's Pharmacy has needed in order to be able to roll out critical services during the COVID-19 pandemic. "We've provided vaccinations to 20,000 people and partnered with the Department of Health and Human Services, eTrueNorth, and Health Mart to provide PCR [polymerase chain reaction] testing," she says. "This has been a significant amount of additional work for pharmacy staff and very important in helping Oxford reopen in the face of limited testing capacity in our area. For example, Bartle's Pharmacy has been able to provide twice-weekly testing for nursing home employees, without any expense to them. We continue to do this, and one reason we have been able to find the time to do so is how efficient we've become in other areas of our pharmacy work."

THE BENEFITS OF MASS MESSAGING

Priyank Patel has found that text messaging integrated into his pharmacy management software is central to his efforts to connect with Felicity Pharmacy's patients, especially when he can easily send out mass text messages as a step in the process of informing and educating patients. "Micro Merchant has done an excellent job of integrating text messaging into PrimeRx," he says. "There are so many things we can do with texting, right from within our dispensing workflow, from

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Now Hear This: Adopting Cutting-edge Pharmacy Messaging

Louie Foster
RedSail Technologies
Director of Platform Components

In a *ComputerTalk* podcast, RedSail Technologies Director of Platform Components Louie Foster talks about the state of adoption of the latest pharmacy messaging types. Much of healthcare, pharmacy included, still relies on phone and fax for communicating, but there's a growing interest in other forms of messaging and collaboration technology. The fastest growing areas include Direct Secure Messaging, which is like email, and secure chat. Listen now at bit.ly/3nR3ruv to find out what these messaging tools have to offer pharmacies and where Foster sees us on the adoption curve for each.

What Is Secure Chat?

"Secure chat is similar to SMS [short message service], your typical consumer text messaging. This can be embedded within an existing pharmacy system or EHR [electronic health record] provider app and secured to allow for clinical conversations. This enables the members of the care team to discuss a diagnosis and share PHI [protected health information] in a way that is HIPAA compliant."

What Is Secure Messaging?

"Secure messaging is the replacement for consumer-level email and can carry structured data. It looks just like a typical email with a subject, body text, attachments, and so forth. For example, it could carry ADT [admission, discharge, transfer] data that can be consumed by the pharmacy system or an EHR application."

How Will These Messaging Types Become the Standard of Practice?

"Text messaging in the consumer world didn't achieve critical mass until all the wireless providers got together and said, hey, we have to be able to exchange messages between our networks. In healthcare, Direct Secure Messaging applications are in wide use because we have a standard that allows for interoperability. On the other hand, secure chat is not in widespread use yet, because we have an environment where we've got multiple solutions out there, but none of them communicate with each other. Still, secure chat is the fastest growing communication technology right now, and once we do get the ability to message among the different competing secure chat apps, it will really take off." **CT**

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general messages that our staff can type in for a patient, to updates on refill status and pickup reminder sequences. The biggest thing right now during COVID, though, is that we're trying to communicate to everyone to get tested and get vaccinated." For example, Patel reports creating a mass text message within the PrimeRx SMS (short message service) tool with a link back to a form that patients can fill out to schedule a vaccine or testing appointment. "As we've used this, we've actually had a lot of patients respond back that they didn't know they could get the vaccine or a test with us," he says. Patel is also relying on this ability to broadcast the pharmacy's services via text to get the word out about an A1C testing pilot program. "It's so easy for us to text our patients, and we find that we are sparking conversations this way," continues Patel, "whether that's about the safety and efficacy of a vaccine or why A1C testing is important."

Moose Pharmacy's full-featured, self-service scheduling interface, below, is easy for patients to find on its website, above. Scheduling means staff know what's on tap not just for the day, but for the upcoming week as well.

Patel is also using the texting functionality in PrimeRx to provide patients with dose reminders. "We provide blister adherence packaging," he explains, "and then we ask if the patient would like us to send text reminders during the day to take their medications." This is all easy to set up within the pharmacy software, and provides a HIPAA-compliant message that's still easy for patients to understand. "A number of our patients really appreciate these reminders," says Patel, "and we also get a good response from prescribers when they find out that this is something we can do to promote adherence."

MANAGING SCHEDULING

Priyank Patel and Heather Ferrarese both mentioned how important their pharmacies are for providing vaccinations and testing for their communities. This is something Moose Pharmacy has been doing as well, and it's an area of increasing importance for community pharmacy in general. This leads to a real need for efficient appointment scheduling, which Joe Moose says is a make-or-break area for Moose Pharmacy right now. He's found a solution in a scheduling app from Acurity that lets patients book and pay for services if necessary, and even cancel an appointment. "As recently as two years ago, we used a Google calendar shared with pharmacy staff as a sort of day planner," says Moose. "This was useful but lacked the patient-facing capabilities that Acurity has. Now we've got a full-featured, self-service scheduling interface for patients on our website, and we know internally what's on tap for the day and for the week. How many COVID or other vaccines and how many COVID or other point-of-care tests do we have booked for each location? How many consultations with the pharmacist? We can see it all in one place across all our pharmacies." This leads to more accurate staffing. "We can work to make sure we have the right amount of staff at the pharmacies with the heaviest workloads," says Moose. "It's making us more efficient as an enterprise."

Unfortunately, Acurity is not a pharmacy-focused app and so it does not integrate with the pharmacy management system, notes Moose. That means that there's real room for greater efficiency. "I think what all pharmacies want," says Moose, "is to have robust self-service scheduling features like this integrated with the pharmacy system, and I know pharmacy vendors are working on this."

MAKING IT ALL CLICK

Hopefully the different examples offered by these three pharmacies make it clear why you will want to make sure that you have the right communications and collaboration tools at your disposal. It should also be clear that your staff, your patients, and the other healthcare providers you work with are ready to engage. "If you think that your older patients don't use technology," says Priyank Patel, "let me tell you that they do. We find that many of our Medicare patients are very comfortable texting with us. Even if the text is just an easy way to prompt them to call us, it's still very useful. And we're the ones, the independent pharmacies, who really know our local communities. When we're able to reach out to patients efficiently, the relationships we have and the role we play in the community mean that we're going to be able to help them understand their care, to give them their options, and to let them know why a vaccine, test, or therapy is safe and effective for them."

Your staff is ready too, says Heather Ferrarese. "Our staff at Bartle's Pharmacy are all very agile with their smartphones and comfortable in the world of messaging platforms," she says. "So it's natural for them to come into the pharmacy and use the same kind of tools to connect with patients and to interact with each other in a way that lets them post messages any time, see when others have read and responded to them, and easily track the message flow."

In fact, you can look at these tools as bringing the same kinds of accountability and transparency to your communications and collaborations as the workflow module in your software brings to prescription filling. "When the phone rings or we talk with a patient or prescriber now," says Joe Moose, "we have workflow steps to document what we're doing. We are opening up the eCare plan and we're creating a record that's available to all our staff. Just like with dispensing workflow steps, the pharmacist on the next shift or the pharmacist working the next week knows exactly who did what and when."

There's room for these tools to grow in importance, too. For one thing, secure messaging is in its infancy, relatively speaking. (For more on this, listen to our podcast with Integra's Louie Foster.) But you can also listen to Joe Moose who, as usual, is thinking a few steps ahead. Moose offers this suggestion to all the software vendors out there that are developing documentation and collaboration tools: "Make it so that the notes are structured. Right now we are typing a bunch of free text, and that's not standardized or easily searchable. For example, give us tools to help pick the right SNOMED codes to populate the eCare plan with as few clicks as possible. I'll tell you, there's a real sense of urgency to have this type of structured input within collaboration technology." The goal for pharmacy, in Moose's opinion, is to keep pushing vendors to build ever more intelligent systems that build on the pharmacy's position as the hub of care in the community. Intuitive interfaces for all users can make the connection between patients, staff, and providers as easy as a click. **CT**

FEATURED VENDOR

Key to Health-System Pharmacy? Be Flexible and Adaptable

by Maggie Lockwood

ROBERT SCHENK HAD BEEN AN INDEPENDENT pharmacy owner since1986, when pharmacy technology was in its infancy. From the start he looked to the newest software updates to improve his operations. After 18 years as an independent owner, he moved into consulting pharmacy. In 2006, Hackensack Meridian *Health*'s Ocean Medical Center in Brick, N.J., founded the Pharmacology Institute to provide medication therapy management to the community. Schenk went from consulting in nursing homes to doing the same work for the general public. Because of his retail background, he was promoted in 2009 to managing the retail pharmacy arm of the hospital system. After adding a second pharmacy in less than eight years, the retail pharmacy growth took off as the hospital switched from using its inpatient pharmacies to outpatient, to better serve its employees and take advantage of lower drug costs.

The pharmacy's impact on clinical operations came to the forefront when CMS (Centers for Medicare & Medicaid Services) started paying health systems and hospitals based on HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores that involved a number of parameters. One of these was that the patient would be told about his or her medications and side effects when discharged from the hospital.

Schenk convinced hospital administrators that the outpatient pharmacists were well-positioned to provide medication reviews before discharge. Hackensack Meridian started pilot programs on certain floors in the hospitals to see how medication reviews at bedside could improve HCAHPS scores. This eventually became what is now known as meds-to-beds.

Robert Schenk, B.S.Pharm., Director, Ambulatory Pharmacy, Hackensack Meridian *Health*

Schenk credits the Rx30 pharmacy software from Transaction Data Systems (TDS) with making it easy to implement a meds-to-beds program in the hospital setting. Since meds-to-beds is a retail model of service, the system can handle typical aspects of ambulatory pharmacy such as checking insurance before filling a prescription and collecting a copay.

"Early on, TDS, came out with a real-time insurance lookup," says Schenk. "This functionality made the whole process possible for us."

Health systems have changed and evolved. For example, in addition to its 17 hospitals, Hackensack Meridian *Health* has more than 500 patient care locations; all team members working at these locations are covered under the same health insurance plan, but not all work in the hospitals where the ambulatory pharmacies are primarily located. The pharmacies were operating as 10 independent locations. Rx30 had functionality that allowed each pharmacy to check drug inventory in other pharmacies, but the new central-site service aggregates the patient database of all 10 pharmacies. This is key with a giant network like Hackensack Meridian *Health*, with its 36,000 team members who need the flexibility to go to a location near their job, which isn't necessarily in the hospital.

"We'll have one giant patient list, one doctor list," says Schenk. "Really, the important thing for us is it's going to help us manage our drug purchasing better. Instead of 10 managers buying possibly 10 different generic drugs, we want to have everyone making purchases that are aligned with the network's contracts. It's going to streamline a lot of that for us."

Another service Hackensack Meridian *Health* offers its team members is the Asteres ScriptCenter, which is a 24/7 prescription pickup kiosk that supports the goal of keeping the hospital benefit costs down by serving as many team members as possible, including those who work on second and third shifts.

TDS has accommodated requests for interfaces that support the health-system pharmacy's long-term plans. One example includes a payroll system that gives team members the option to pay copays by payroll deduction.

Because of the positive experience working together on the many initiatives over the years, Schenk says Hackensack Meridian *Health* has contracted to use the TDS specialty pharmacy therapy management module, KETU by KloudScript, at its newly built specialty pharmacy. **CT**

Read more on the programs and implementation at wp.me/p9LtTd-4rE

Maggie Lockwood is VP, director of production at ComputerTalk. *She can be reached at maggie@computertalk.com.*

Digital Health Happenings in the Pharma Industry

Brent I. Fox, Pharm.D., Ph.D.

I MUST CONFESS: I LIKE SHINY THINGS. I especially like shiny things that run on 1's and 0's, can exchange large volumes of data (information) in near real time, and can connect me with people on a global scale. When these things can present this information in amazing color and clarity with crystal-clear audio, I am just beside myself. With this insight, it is likely not surprising that I really enjoy following technology hype cycles. Admittedly, I do find myself sometimes rooting for the latest tech's success — so I can fully incorporate it into my daily life.

> Like the Energizer Bunny, the list of digital health initiatives within the pharma industry keeps going and going. The pharma industry has dedicated substantial resources to the digital health space. We know many efforts will not be successful. That is why it is called "innovation."

ComputerTalk readers have certainly seen information technology (IT) successes and failures in the more than 20 years this column has existed (more on that next month). Theranos is a recent failure that showed so much promise — on the surface. In brief, Theranos, Inc., claimed it was going to revolutionize medical laboratory testing by making blood tests cheaper, faster, and more accessible with a finger prick. Theranos' former CEO and founder was recently found guilty on four of 11 federal charges. Theranos is relevant because it was positioned to be a player in the push to move monitoring and patient care to a more patient-centered model through affordable testing in the community setting.

The broad umbrella under which its technology fit — digital health — is still experiencing remarkable enthusiasm and growth. Telehealth is one digital health technology undergoing an accelerated rate of adoption, largely due to the pandemic. There are others worth following, however. Below, a variety of initiatives are presented for readers to explore. Inclusion in this column does not convey endorsement.

A LOOK AROUND

Treatment-resistant depression is a type of major depressive disorder (MDD) that responds poorly to standard medication therapy. Nearly one-third of adult patients with MDD experience treatment-resistant depression (TRD), accounting for 47% of the annual spend for MDD. This disproportionate share of costs highlights the potential impact of effectively managing TRD. Cognitive behavioral therapy (CBT) is a form of talk therapy that aims to help individuals with depression become aware of and constructively respond to negative thinking. Janssen Pharmaceuticals (a Johnson & Johnson company) partnered with Koa Health to research CBT delivered through a digital health platform (in conjunction with other interventions). Depressive symptoms occur at any time throughout the day. The goal is to support patients' CBT talk therapy whenever and wherever it is needed, through a digital health platform.

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Sticking with J&J, atrial fibrillation (AFib) affects more than 2 million American adults and increases an individual's risk of stroke more than four times the average. For those over 80, AFib is the direct cause of 25% of strokes. Fortunately, AFib can be effectively treated, although the treatment requires close monitoring. Early detection is an important component of managing AFib. In partnership with Apple, Johnson & Johnson launched the Heartline Study in 2020. This research initiative aims to enroll individuals 65 and older in a heart health study. The study includes AFib detection using the Apple Watch, with a goal of early detection to ideally prevent strokes from happening. More information can be found at heartline.com.

Due to its COVID-19 vaccine, Pfizer has certainly received its share of press over the last year. The company has also been investing in digital health. Specifically, Pfizer announced a partnership with DoctorOnCall to address three therapeutic areas in Malaysia: vaccinations, smoking cessation, and heart health. The initiative includes web-based "health centers" for each therapeutic area. In addition to common components of such initiatives (e.g., education, articles, etc.), the health centers include games and quizzes to engage visitors in active experiences. Ultimately, the goal is to empower individuals to engage in their own health management. Malaysia is obviously not just around the corner from your local pharmacy, but the lessons learned can provide insight into similar initiatives here in the United States.

While the initiatives above are relatively recent developments in the digital health space, AbbVie recently announced a second extension of its partnership with Calico Life Sciences that originally began in 2014. This project focuses on developing therapies related to aging and cancer. Calico, founded by Alphabet (Google's parent company), provides advanced computing and technology expertise. AbbVie provides expertise in drug development and bringing products to market. It is not uncommon in the health IT space for initiatives with tremendous potential to go thud. The significance of the AbbVie-Calico partnership is its longevity. The partnership has been extended beyond 2025, with each company investing $500 million in the extended partnership.

The AbbVie-Calico collaboration illustrates that companies from two distinct industries can successfully work together. This is not always the case. To address the opportunities presented by digital health and simultaneously facilitate successful collaborations, the PharmStars digital health accelerator was created. PharmStars educates digital health and pharma companies on how they can work together. The first cohort recently completed the 10-week program and included 12 digital health companies and six pharma companies, including AstraZeneca, Boehringer Ingelheim, Eli Lilly, and Novo Nordisk, among others. The digital health companies' focus areas included AI (artificial intelligence) and predictive diagnosis, matching patients for clinical trial participation, ingestible drug delivery, remote patient monitoring, and a host of other specialty areas.

Not mentioned above, Takeda was an additional participant in PharmStars. The company is employing a multi-prong strategy to grow digital health innovation. In addition to PharmStars, Takeda launched TakedaSpark in 2021. TakedaSpark is an incubation platform focused on developing products for disease screening and diagnosis, digital therapeutics, and data analytics. As a third component of its strategy, Takeda launched and completed a Digital Health Innovation Challenge in 2021. The stated goal of the challenge was to develop new partnerships that would advance personalized care. The winning company (Swiss-based IDUN Technologies) focuses on sleep disorders.

Like the Energizer Bunny, the list of digital health initiatives within the pharma industry keeps going and going. The pharma industry has dedicated substantial resources to the digital health space. We know many efforts will not be successful. That is why it is called "innovation." We can expect that those products that are brought to market will have great potential to impact our patients' lives. As pharmacists, we must remain in the conversation to ensure medication-related aspects of digital health are fully considered and incorporated into patient care. **CT**

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GET INTO THE CONVERSATION

What innovations are you watching? Share your thoughts at

wp.me/p9LtTd-4rW

Rethinking the Pharmacy Business Model

Ann Johnson, Pharm.D.
Tim Kosty, R.Ph., M.B.A.

WALGREENS AND CVS HAVE BEEN IN THE NEWS recently, as both have announced changes in their corporate strategies concerning their retail pharmacy locations. Whenever big changes are announced by industry leaders, it causes us to hypothesize why these changes are being made and what impact they may have on the rest of the retail pharmacy industry. A review of these recent retail pharmacy developments follows.

WALGREENS

In October, Walgreens announced a $5.2 billion investment in VillageMD to expand its partnership and take a controlling interest in the company. VillageMD currently operates in 15 markets, with more than 200 clinic locations. VillageMD plans to use the Walgreens funds to open 600 Village Medical at Walgreens primary care locations in 30 markets by 2025. They expect to expand to 1,000 locations by 2027. These locations will be staffed by primary care physicians and will combine a full-service primary care practice with a retail pharmacy location under one roof. VillageMD will remain a stand-alone company and is reported to have plans for an initial public offering in 2022.

VillageMD plans to accept insured patients from multiple carriers in these locations. The strategic intent is to offer an integrated continuum of services in one location, with the patients leaving the pharmacy with their needed prescription(s). Walgreens' stated goal is to provide better care to patients who may lack access to primary care doctors, such as those in underserved urban and rural communities.

VillageMD is transitioning its business model from a fee-for-service to a risk-based model where reimbursement is partially based on patient outcomes. VillageMD is participating in the CMS (Centers for Medicare & Medicaid Services) Direct Contracting program, which aims to reduce expenditures while enhancing the quality of care for Medicare beneficiaries. The program's focus is on the management of chronic conditions in a patient-centered, data-driven model.

CVS HEALTH

In November, CVS announced plans to close approximately 900 stores in the next three years, or about 10% of its total pharmacies. To achieve this goal, the retailer will close approximately 300 stores each year over the next three years. Store closures are expected to begin in the spring of 2022. CVS indicated that it is re-evaluating its in-person retail strategy, with more consumers going digital. The pandemic accelerated the trend of consumers ordering products online for home delivery versus visiting physical locations. CVS plans to create three different store formats:

- Dedicated to primary care services.
- Enhanced HealthHUB locations.
- Traditional CVS pharmacy and retail stores.

CVS intends to increase the pace of physician practice and clinic acquisitions, as it continues to pursue its primary care strategy. It remains to be seen if the primary care clinics will focus on Aetna patients or open their doors to patients from other insurers. These insurers may not be willing to support a competitor if there are sufficient alternative primary care providers in the area.

While CVS's MinuteClinics have historically focused on acute

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needs, such as colds and minor injuries, HealthHUB's focus is on more chronic conditions. HealthHUB locations feature expanded clinics with labs for blood testing, as well as wellness rooms. These locations also offer health screenings and provide medical equipment and supplies for diabetes care and sleep apnea. HealthHUB locations are generally staffed by nurse practitioners. Although CVS has approximately 1,200 MinuteClinic locations, the retailer opened approximately 650 HealthHUB locations in 2020, with plans to expand to 1,500 locations.

CVS is focusing on patient engagement and serving patients in the location that best fits their medical needs. These types of services also lead to frequent patient visits, increasing the potential for both front-end and pharmacy sales. CVS will vertically integrate service offerings and provide incentives, through lower copayments, for Aetna patients to use the HealthHUB and primary care clinics. Providers may access organization-wide patient records based on the services rendered. CVS just announced a partnership with Microsoft to "better combine information from different areas across the company." This vertical integration should enable CVS to offer health benefits that touch all areas of the company.

REVISED STRATEGIES

Walgreens and CVS are racing to establish convenient, integrated direct patient care services. This is being accomplished by leveraging their extensive store bases and integrating physicians and nurse practitioners. The question becomes, why are they de-emphasizing their traditional retail pharmacy locations and what does that say about the future of community pharmacy practice? What market dynamics are driving this strategy change?

While CVS's MinuteClinics have historically focused on acute needs, such as colds and minor injuries, HealthHUB's focus is on more chronic conditions.

RETAIL PHARMACY MARKET

Generic prescriptions account for approximately 90% of all prescriptions dispensed in retail pharmacies. Furthermore, retail pharmacies dispense 90% third-party prescriptions and approximately 10% cash prescriptions. Generic third-party prescriptions are subject to MAC (maximum allowable cost) pricing established by the payer, and generic reimbursement rates have been declining for years. For commodity generics (generics with at least four or more generics suppliers on the market) the profit per prescription may be lower than the cost to dispense. These reduced margins generate fewer gross profit dollars per prescription, requiring the volume to increase to make the same gross margin dollars as in previous years.

New brand drug introductions have focused on specialty large molecule medications, which is the fastest growing segment of the pharmacy market. There are relatively few small molecule brand products introduced each year. These new products must have a clear clinical advantage to be covered in therapeutic categories that already have multiple generic alternatives available. Even in these situations, the brands are often

Change in Strategy

Articles on the announcements by Walgreens and CVS

Walgreens Boots Alliance Makes $5.2 Billion Investment in VillageMD to Deliver Value-Based Primary Care to Communities Across America

https://news.walgreens.com/press-center/walgreens-boots-alliance-makes-52-billion-investment-in-villagemd-to-deliver-value-based-primary-care-to-communities-across-america.htm

CVS Health announces steps to accelerate omnichannel health strategy

https://cvshealth.com/news-and-insights/press-releases/cvs-health-announces-steps-to-accelerate-omnichannel-health

subject to step edits that require the patient to fail on less expensive alternatives before getting access to the more expensive brand product. This product pipeline situation limits the ability of retail pharmacy to increase its sales of more profitable brand prescriptions, which often have a greater gross profit dollar per prescription than generics.

While cash prescriptions have historically been lucrative for retail pharmacies, discount card program advertising is now everywhere. Organizations such as Blink Health, GoodRx, Inside Rx, and SingleCare are taking market share from cash-paying and insurance customers by offering lower prices to consumers. While these programs may be benefiting the patients, they are also impacting pharmacy profitability. Express Scripts recently identified that it was losing 2% of its insured prescriptions to discount card programs. In an attempt to keep these prescriptions within its insured benefit, Express Scripts introduced a new program to incorporate its discount card program with its insured benefits.

The result of reduced prescription margins has been the consolidation and/or closure of retail pharmacy locations. It is unheard of for a major pharmacy chain, like CVS, to close 10% of its locations. However, if these are underperforming locations near other CVS pharmacies, consolidation makes sense and would help alleviate any staffing problems.

PATH FORWARD

Pharmacist-provided clinical services have helped the country navigate the pandemic by providing convenient access to vaccinations. We expect pharmacy to leverage this success to provide additional services to payers and patients. The challenge for retail pharmacy has always been its dual mission, dispensing prescriptions and providing clinical advice and services to patients.

We have long believed there will be an eventual bifurcation of retail pharmacy into dispensing and clinical services. The dispensing of prescriptions has become a commodity, and the technology now available can lower the cost of dispensing through automation.

For pharmacies using technologies that improve dispensing speed and efficiency, retail pharmacists may be freed up to focus on other revenue-generating services, such as immunizations. We expect that the increased immunization revenue will help to offset the declining prescription drug reimbursement rates, to preserve a place for traditional retail in the industry.

We have long believed there will be an eventual bifurcation of retail pharmacy into dispensing and clinical services. The dispensing of prescriptions has become a commodity, and the technology now available can lower the cost of dispensing through automation.

CVS and Walgreens are changing their retail pharmacy models to provide integrated clinical services to their patients. It is critical to have a clearly defined business model and strategy to serve and engage patients, using technology to lower the cost of dispensing and create the time to provide clinical services. Successful pharmacies will be proactive in developing new services and patient engagement strategies, leading to better clinical outcomes for patients. **CT**

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Headlines Point to Continued Pressure on Pharmacy

Marsha K. Millonig
B.Pharm., M.B.A.

MY PLAN FOR THIS YEAR'S INAUGURAL COLUMN was to provide insights and highlights from IQVIA's recent five-year industry outlook. Instead, several headlines have caused me to pause and reflect on how my pharmacy colleagues are doing as 2022 unfolds. It started yesterday, with an e-newsletter that drew attention to a looming pharmacy technician shortage, and was reinforced today with the FDA's approval of COVID-19 boosters for 12- to 15-year-olds as virus cases explode. Staff shortages combined with increased demand for COVID-19 boosters is causing the perfect storm, and stress levels in the pharmacy are higher than ever with potentially detrimental outcomes for patients.

The headline the National Community Pharmacists Association (NCPA) chose in their story was, "First, it was store clerks, then it was food service workers… now it's pharmacy technicians." They link to a Dec. 29, 2021, NBC news report looking at how burnout, low pay, workload, and stress are causing pharmacy technicians to leave their positions in record numbers. NBC's headline: "The latest worker shortage may affect your health: Pharmacies don't have enough staff to keep up with prescriptions." NBC reporters spoke to 22 pharmacy technicians in 16 states. Common themes that emerged were "unsustainable" levels of workload and stress as demand for COVID vaccines increased without corresponding staffing. The technicians interviewed report feeling their working conditions had become unsafe because they are being pulled in several directions instead of being able to focus on the basic work of safely providing medications to patients. They report being days to weeks behind in fulfilling medication prescription orders, contributing to patient anger and complaints. Mistakes can and do happen. Mix-ups in administering COVID vaccines rather than flu vaccines, or the wrong type or dose of vaccine, mislabeled medications, or prescriptions given to the wrong patient are among the mistakes the technicians report (see references in sidebar below).

These mistakes have drawn the attention of state boards of pharmacy and Al Carter, the executive director of the National Association of Boards of Pharmacy (NABP). In the NBC story, Carter says patient complaints to the boards are increasing and that in some states you have "60 or 70 pharmacies that are closing for days on end" because of staffing. These stories are reflected in a Facebook group called "Pharmacy Staff for COVID-19 Support." Tales of patient complaints have exploded, especially as we enter a new year and so many patients change insurance and have unrealistic expectations that the pharmacy team should already know this. The posts have become increasingly distressed.

Is the story and are the posts reflective of the reality in today's pharmacy environment? What is your experience?

My experience says yes. In the past several months, I have worked casual relief shifts with no technicians because the pharmacy's entire technician team members have left or have worked extra shifts helping to get prescription processing caught up because of staff shortages, providing vaccines so the regular staff can focus on prescription processing and COVID paperwork, processing vaccine claims from external clinics, and because pharmacy team members have contracted COVID.

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Resources

The pressure pharmacy is experiencing has made national headlines.

See www.nbcnews.com/health/health-news/latest-worker-shortage-may-affect-health-pharmacies-dont-enough-staff-rcna8737

See www.facebook.com/groups/187817265995139

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Every COVID-related announcement brings a new flood of calls and walk-in questions about rapid test availability and vaccine/booster availability that only adds to the workload and stress. I anticipate today's approval of boosters for 12- to 15-year-olds will create the same situation when I go to the pharmacy tomorrow. Consistency of messaging and communication from the government would certainly assist in helping the situation, but how much control does an individual pharmacy team have on that strategy?

CHANGE IS NEEDED

The situation cannot continue as it has, a thought echoed in the NBC report: "There is recognition from established industry groups that things can't continue as they are." The NABP has convened a task force to look at working conditions and related issues. On Dec. 17, 2021, the American Pharmacists Association (APhA) board of trustees issued a detailed statement with a press release titled, "Pharmacist Burnout Hits Breaking Point, Impacting Patient Safety." The statement discusses that the pandemic has only added to an increasingly difficult situation that has been building for some time. The board cites understaffing, unrealistic performance metrics, and a flawed payment system that "rewards volume and not value." So what are some solutions?

Some state boards are turning to disciplinary actions against employers. The APhA board is calling for employers to "immediately address working conditions" to ensure proper staffing, and asking boards of pharmacy to have conversations to help determine appropriate staffing levels for safety, address performance measures, and address policies and procedures that stand in the way of pharmacy teams focusing on providing patient care. The APhA is also engaging in conversations with chain community pharmacy leadership to address workload and well-being issues. Finally, the statement addresses underlying payment issues and provider status.

Round Table Resource

Access the round table discussion with *ComputerTalk* columnists on the trends of 2022 at:

https://www.computertalk.com/refresh-the-pharmacy-best-ideas-for-2022/#

All that is well and good on a national leadership level, but it does not immediately impact what I and my many, many colleagues will face when we practice our next shift. In some ways, we have become victims of our own success. Our profession-wide efforts to gain the legal authority to provide an expanded array of clinical services, including immunizations within the pharmacy, have been successful on many levels. Patients expect to walk in for any vaccine or point-of-care test at any time. During the pandemic, a variety of innovative delivery systems were put in place to help patients quickly and safely get their medications through delivery or drive-thru. But these very successes and related patient expectations are contributing to continued pressure at the pharmacy.

There are some practical steps I have seen my colleagues take to address this pressure. They have learned how many vaccines can be done per hour in order to keep up with the claims processing that must be done that day. They have moved to make vaccines "appointment only" as a result, and have worked with their operations and clinical supervisors to implement technology and outside clinics to support this. In some cases, they have closed the drive-thru when needed, making arrangements with specific patients for its use. More could be done: for example, signage at entrances and/or recorded messaging in the pharmacy phone system/apps that say "by appointment only" or provide information on COVID test availability. It is reminiscent of the tips that were recommended back in the late 1990s and early 2000s, when research provided best practices for implementing patient care services. A group of *ComputerTalk* contributors talked about this during a recently convened *ComputerTalk* roundtable discussion hosted by Will and Maggie Lockwood (see link in the box). I'd like to encourage *ComputerTalk* readers to think about one thing they could do in the new year to help address the current situation within the pharmacy environment. Just as the use of technology, e.g., outbound calling, helped created demand for clinical pharmacy services, technology can and should be adapted to manage that demand in today's environment. Think outside the box for what more may be helpful. Do one thing. Choose it. Do it. Share it. **CT**

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